

**DIVISION OF WORKERS COMPENSATION**  
**KS DEPARTMENT OF LABOR**  
800 SW JACKSON ST STE 600  
TOPEKA KS 66612-1227  
Phone: 785-296-2996 – Fax: 785-296-0025  
Web Site: www.dol.ks.gov

**Election of Employer to Provide Workers Compensation Coverage  
for Persons Performing Public or Community Service as a Result  
of a Contract of Diversion, Assignment to a Community  
Corrections Program or Suspension of Sentence or as  
a Condition of Probation or in Lieu of a Fine**

**NOTICE:** To be processed, ALL entries on this form must be completed. All entries, except signatures, must be neatly printed in black ink.

**NOTE:** This Election is effective upon receipt by the Kansas Division of Workers Compensation,

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

hereby elects to cover persons performing the following public or community service as a result of a contract of diversion, assignment to a community corrections program or suspension of sentence or as a condition of probation or in lieu of a fine.

Classes of persons to be covered: \_\_\_\_\_

\_\_\_\_\_

Classes of persons NOT to be covered (*if any*): \_\_\_\_\_

\_\_\_\_\_

The employer agrees to cover such workers during such period of time they are performing the service under such conditions until such election shall be cancelled on a form provided by the Division of Workers Compensation. The employer further agrees to provide coverage through the employer's workers compensation insurance policy or through an already existing approved self-insurance plan.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title of Signing Individual

\_\_\_\_\_  
Date Signed